IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5 31

10:30

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 093786 PIN# 4649 89 3755 4649893862 DATE 12/1/01

OWNER OR CONTRACTOR Chad B. Parton PHONE: Business Home 528-6937

ADDRESS 126 Rankin Hill Rd. Troutman, NC. 28166

LOCATION 115 N TL 1st Flower House Loop. first on (L) after Rankin Hill Rd. 480 Flower House Loop

SUBDIVISION No BLOCK / SECTION LOT 6 LOT AREA 4.06 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 4/24/01 ☒ New System ☐ Repair System Type: I (II) III, IV, V, VI

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 @ 100' Trench Width 3' Max Trench Bottom Depth 3' Gravel Depth 12"

System Description: GRAV - CONVENTIONAL

Repair System Description: PRES - CONVENTIONAL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2.5 No. Employees

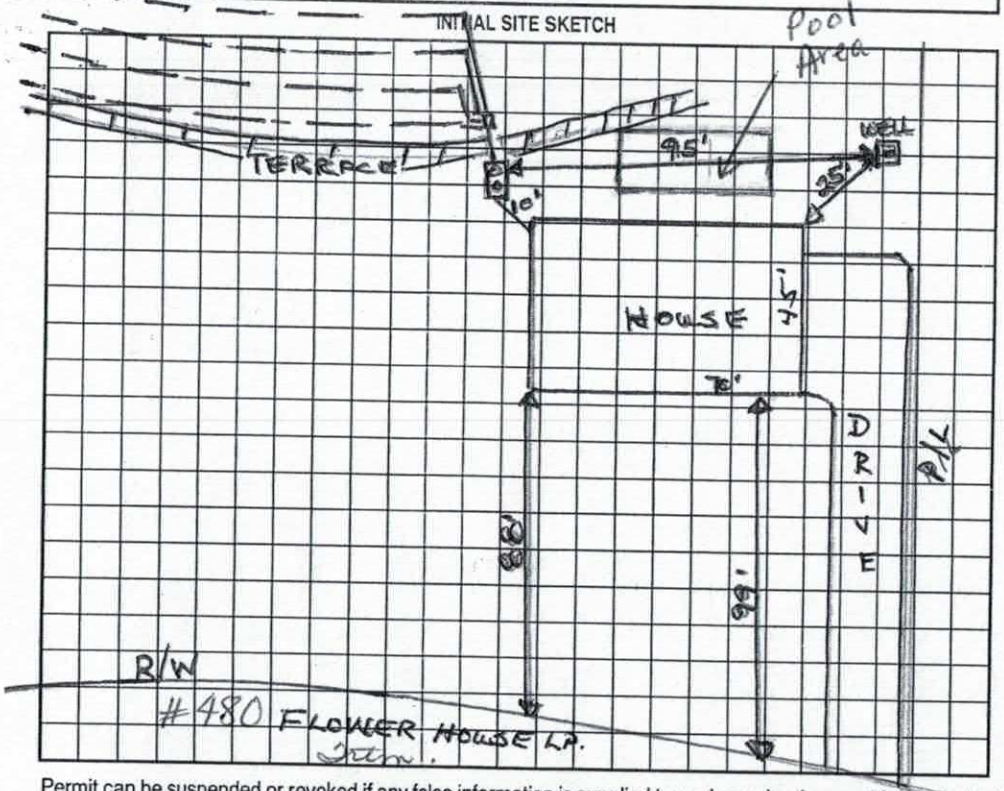
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions:

TERRACE

INITIAL SITE SKETCH



Comments:/Conditions:

AS BUILT SKETCH

Install as Drawn

The proposed / existing Pool addition does not appear to impact the existing septic system.

**NOTE: shall be min. 15' from septic system

Cindy Melville R.S.

Date: 9-26-12

ICHD-Environmental Health Division

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 1-16-01

Improvement Permit by: Wesley Sparks R.S. date 1/12/01

Authorization to Construct by: Wesley Sparks R.S. date 1/12/01

Installed by: A1 Backhoe

Operation Permit by: [signature] A.S.T. date 6/15/01

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

174929

09-17-12
Rec'd Office @ Statesville

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ BOTH ✓ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Howard Peoples	411 Brawley Rd Cleveland NC. 27013	704-746-7932	317-341-1582

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Chad PAXTON	480 Flower House Loop Troutman		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
480 Flower House Loop	Troutman	

Driving Directions: 21/115 SOUTH 1 Mile of 77, TURN RIGHT ON Flower House

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
(✓) Other Swimming pool. 16'x 32' inground

Maximum Number of Bedrooms ___
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* Existing

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. Please Answer The Following To The Best of Your Ability:

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Gene Paxton — 9-17-12
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

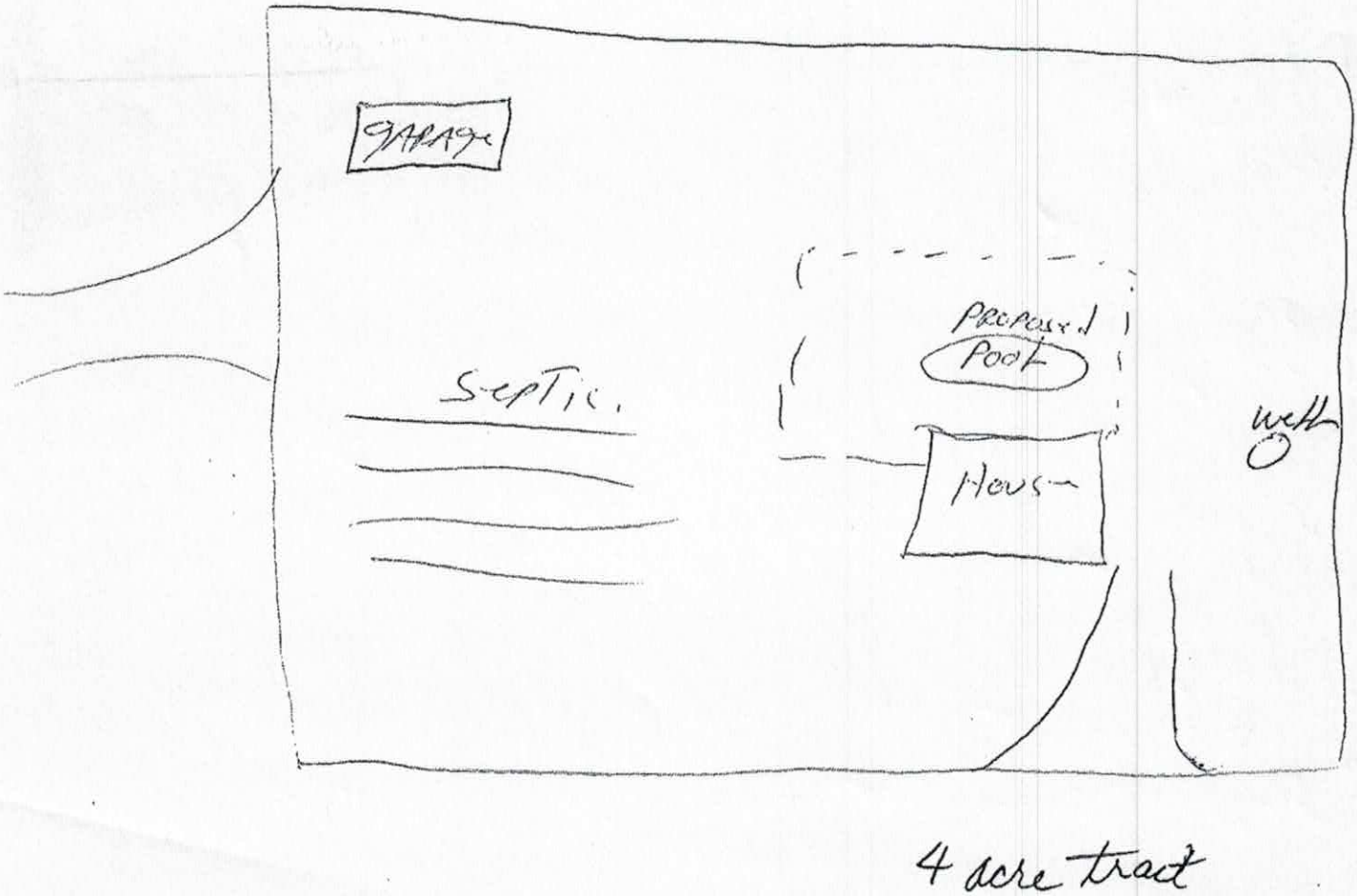
____ Property Line measurements are clearly identified...
____ All proposed structures are indicated...
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line...
____ Preferred driveway location and configuration, preferred well location...
____ Area you prefer your septic system to be placed...
____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

____ Location of septic systems and wells within 100' of your property... N/A
____ Location of easements and rights of ways on your property... N/A
____ Location of any designated wetlands on the property... N/A

Signature: _____ 9-17-12.
REQUIRED property owner or owner's legal representative signature. DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



4 acre tract

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit
Permit Number: 174929ZO

Printed: 9/17/2012

Master #: 174929

Associated Permits:
174929ZO Zoning

Applicant
Name: Award Pools and Spas
Address: 411 Brawley Rd
Cleveland, NC 27013
Phone: 704-746-9932

Parcel
Parcel Number: 4649893755.000
Address: 480 Flower House Lp
Troutman, NC 28166
Subdivision:
Zoning: RA
Township: 1600
Area: 4.06
Lot(s):
Directions to Parcel: 77,xt 42,21s,rt Flower Hs,@1ml On Rt

Owners
Name: Chad B Paxton
Address: 480 Flower House Lp
Troutman, NC 28166
Phone: 704-252-3753

Contractors
Contractor Type: Not Liscensed
Name: Award Pools and Spas
Address: 411 Brawley Rd
Cleveland, NC 27013
Phone: 704-746-9932
2606
25112

Fees and Receipts:

Number	Description	Amount
FEE-264998-07	Zoning - Permit Application	$75.00
FEE-264999-07	Technology Fee - Planning	$2.25
FEE-265000-07	Environmental Health - In Office Plan Review	$40.00

Total Fees:	**$117.25**
REC-138457-07	$117.25
Total Receipts:	**$117.25**

Conditions

Date: **Status:** **Code:**

Condition Description:

Condition Comments:

Permit Information:

Max Built Upon Area:	
Watershed:	None
Flood Zone:	No
Set Backs:	LS 10' RS 10' REAR 10'
Minimum Lot Size:	
Minimum Lot Width:	
Min # Parking Spaces:	
Land Use Permitted:	Yes
Community Sewer:	No
Site Plan Reviewed:	Yes
Staff:	
Zoning Permit:	Yes
Septic Typet:	Existing System
Proposed Use:	Swimming Pool
Property Recorded:	Yes
Community Water:	No
Provider:	
Provider:	
Date:	
# of Stories:	0
# of Bedrooms:	0
# of Units in Building	0

Site Plan Conditions:

Zoning Permit Comments: Pools shall be located to comply with minimum setbacks requirements for accessory buildings and structures of the district in which located. Pools which are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N. C. Building Code requirements. Pools shall be protected by a fence of equal enclosure, a minimum of four feet in height, and equipped with self-closing and positive self-latching gate to provide with hardware for permanent locking. Fencing Is NOT required for above ground pools if they are at least four (4) in height, the ladder is removed, or when NOT in use have a gate to the ladder as described above.